



DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
HANDHELD MEDICAL REFERENCE APPLICATION WITH INTEGRATED DOSAGE CALCULATOR

the specification of which (check one)

- () is attached hereto.
(X) was filed on January 26, 2004 as
Application Serial No. 10/764,980
and was amended on _____
(if applicable)

That I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

That I acknowledge the duty to disclose information known to be material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

That I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:
Prior Foreign Application(s) _____ Priority Claimed _____

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	_____

That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

POWER OF ATTORNEY

I hereby appoint the attorneys associated with Customer Number **24628**, of the law firm of WELSH & KATZ, LTD. with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

The address associated with

Customer Number:

24628
(WELSH & KATZ, LTD.
Phone: (312) 655-1500)

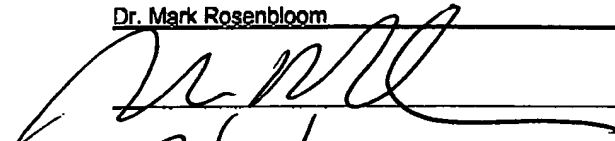
Should be used for all correspondence in this application.

Atty. Docket No. (8793/91303)

Full name of sole or first
joint inventor:

Dr. Mark Rosenbloom

Inventor's signature:


7/1/04

Date:

Mailing Address:

100 Greenwood Street

Residence:

Evanston, Illinois 60201

Citizenship:

U.S.A.

Full name of sole or second
joint inventor:

Karen Jeffrey

Inventor's signature:

Date:

Mailing Address:

1210 W. Fletcher

Residence:

Chicago, Illinois 60613

Citizenship:

U.S.A.

Full name of sole or third
joint inventor:

Inventor's signature:

Date:

Mailing Address:

Residence:

Citizenship:

Additional pages listing additional inventors attached (Yes or No) NO



BEST AVAILABLE COPY

Atty. Docket No. (8793/91363)

DECLARATION AND POWER OF ATTORNEY

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That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **HANDHELD MEDICAL REFERENCE APPLICATION WITH INTEGRATED DOSAGE CALCULATOR**

the specification of which (check one)

() is attached hereto.

(X) was filed on January 26, 2004 as

Application Serial No. 10/784,820

and was amended on _____
(if applicable)

That I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

That I acknowledge the duty to disclose information known to be material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

That I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:

Priority Claimed

Prior Foreign Application(s)

(Number)

(Country)

(Day/Month/Year Filed)

(Number)

(Country)

(Day/Month/Year Filed)

That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Phone: (312) 655-1500

Should be used for all correspondence in this application.

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Atty. Docket No. (8793/91303)

Full name of sole or first
joint inventor:

Dr. Mark Rosenbloom

Inventor's signature:

Date:

Mailing Address:

100 Greenwood Street

Residence:

Evanson, Illinois 60201

Citizenship:

U.S.A.

Full name of sole or second
joint inventor:

Karen Jeffrey

Inventor's signature:

Date:

Mailing Address:

1210 W. Fletcher

Residence:

Chicago, Illinois 60648 60657

Citizenship:

U.S.A.

Full name of sole or third
joint inventor:

Inventor's signature:

Date:

Mailing Address:

Residence:

Citizenship:

Additional pages listing additional inventors attached (Yes or No) NO